

**Instructions for the Kentucky**  
**NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEM FORM (DEP5024/07/95)**

**GENERAL INSTRUCTIONS.** ALL SECTIONS MUST BE COMPLETED TO BE ACCEPTED BY THE UNDERGROUND STORAGE TANK BRANCH. IF ANY APPLICABLE SECTIONS ARE NOT COMPLETED, THE ORIGINAL NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEM FORM WILL BE RETURNED TO THE OWNER FOR CORRECTIONS. Instructions are provided only for categories on the Notification for Underground Storage Tank System form which are not self-explanatory. If you have any questions about any section on the form, please call the Division of Waste Management at (502) 564-6716 OR 1-800-928-4273 and ask for the Underground Storage Tank Branch. The form must be typed or printed legibly. IMPORTANT NOTE: THIS NOTIFICATION SUPERSEDES ALL PREVIOUSLY SUBMITTED NOTIFICATION FORMS FOR YOUR FACILITY. BE SURE TO INCLUDE ALL INFORMATION FOR EVERY ACTIVITY AT YOUR INSTALLATION, EVEN IF THIS INFORMATION WAS PREVIOUSLY SUBMITTED ON PREVIOUS NOTIFICATION FORMS. FOR ANY FUTURE CHANGES IN INFORMATION, AN AMENDED NOTIFICATION FORM SHALL BE SUBMITTED WITHIN THIRTY (30) DAYS OF CHANGES AND WITHIN NINETY (90) DAYS FOR TEMPORARY CLOSURE.

**OWNERSHIP OF TANK SYSTEM(S) - ALL INFORMATION IN THIS SECTION PERTAINS TO THE CURRENT LEGAL OWNER OF THE TANK SYSTEM(S) AND MUST BE COMPLETED. CURRENT OWNER OF THE TANK(S) MUST SIGN THE OWNER CERTIFICATION PORTION OF THIS FORM ON THE LAST PAGE. (see owner certification instructions)**

Owner Name: Enter Owner Name (corporation, individual, public agency, or other entity)  
Mailing Address: Current owner mailing address including city, state and zip  
Contact Person: Enter name of person to be contacted concerning state requirements, requests and owner responsibilities.  
Telephone Number: Enter area code and telephone number of contact person.

**LOCATION OF TANK SYSTEM(S)**

Facility I.D. Number: Enter facility identification number (if this form is being used to register a new facility, an identification number will be assigned and a letter will be sent advising you of the new site identification number).  
Facility Name/Company: Enter name under which business and/or facility is currently operating.  
Street Address: Enter exact street address including street number and/or the highway number where tanks are physically located. DO NOT USE A POST OFFICE BOX OR ROUTE NUMBER. (Contact the appropriate post office for the exact address of your facility)  
City, State, Zip: Enter the city, state, and zip code where tank system is located. If in a rural location, use the city or town that is used for your tank location mailing address.  
County: Enter the name of the county where the tank system is located.

**TYPE OF FACILITY**

Facility Type: Please check the appropriate box for all that apply for this location.

**OPERATOR OF TANK SYSTEM(S)**

Operator Name: Enter name of individual, company, corporation, public agency or other entity at this facility location in charge of daily operation of the tank system(s).  
Mailing Address: Enter operators mailing address including city, state and zip.  
Contact Person: Enter name of person to be contacted concerning questions related to the daily operation of the tank system(s).  
Telephone Number: Enter area code and telephone number for the operator of tank system(s).

**PREVIOUS TANK SYSTEM OWNER**

Individual, Company: Enter the name of the individual or company from which the tank system was purchased.(If possible, attach a copy of your signed and dated Bill of Sale or Deed.)  
Mailing Address: Enter the mailing address of the Previous Owner including city, state and zip code.  
Location Name: Enter the previous name of the site location, if different from the site name being used at present.

**CONTACT PERSON AT TANK SYSTEM LOCATION**

Contact Name: Enter the name of the individual at the facility to be contacted concerning questions related to daily operations of tank system. Please mark box if the contact person is the same as the operator.  
Job Title: Enter the title of the contact person.  
Telephone Number: Enter the area code and telephone number of the contact person.

## TYPE OF NOTIFICATION

New Notification: Mark box X if completing this form for a new facility not previously registered with this agency.  
Amended: Mark box X if form is submitted for amendments of previous information submitted.  
Ownership: Mark box X if form is submitted for a change regarding ownership.  
Technical Update: Mark box X if form is submitted for amendments in technical requirements. (See 401 KAR Chapter 42)  
Financial Responsibility: Mark box X if form is submitted for changes in financial responsibility. (See 401 KAR 42:090)

## DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM(S)

1. **Tank Status** MARK ONE BOX  
Active: Tank is currently in use.  
Temporarily Out of Use: If temporarily out of use, complete the additional information in the section.
2. **Tank History**  
Date Installed: List the month/day/year tank was installed.  
Date Relined: List the month/day/year tank was relined.  
Date Purchased: List the month/day/year tank purchased. (Be sure to complete the Previous Owner Section on Page One)  
Date Last Contained  
Product: List the month/day/year tank last contained product.  
Date Removed: List the month/day/year tank was removed from the ground.  
Date Closed In Place: List the month/day/year tank was filled with inert material.  
Identify Inert Material: Indicate the inert material used to fill the tank.
3. **Capacity:** Indicate the total gallon capacity for each tank.  
**Multi Compartment:** Indicate Yes or No
4. **Substance Currently or Last Stored** Mark box X for all items that apply for each tank. Mark one box for each tank. **NOTE:** heating/fuel oil stored & consumed on the premises are exempt. (See KRS 224.60-100 for other exemptions from the underground storage tank regulations)
5. through 14: Mark appropriate box X for all that apply for each tank system.

## FINANCIAL RESPONSIBILITY

15. **PSTEAF:** Mark box X if the facility has been issued a Certificate of Eligibility by the Petroleum Storage Tank Environmental Assurance Fund Commission and include the Certificate of Eligibility number.  
**Private Insurance:** Enter name of insurance company, insurance agency and/or carrier with your policy number.  
**Guarantee, Surety Bond, Letter of Credit:**  
Mark box X if a guarantee, surety bond or a letter of credit has been obtained.  
**Self Insurance:** Mark box X if self-insured.  
**Other:** Mark box X if other, specify and enter amount.  
**Level of \$1,000,000:** Mark box X if facility is a petroleum marketer or nonpetroleum marketer with a monthly use of responsibility more than 10,000 gallons.  
**\$500,000:** Mark box X if facility is a nonpetroleum marketer with a monthly use of 10,000 gallons or less.

**(ANY QUESTIONS CONCERNING APPLICATIONS FOR A CERTIFICATE OF ELIGIBILITY WITH THE PETROLEUM STORAGE TANK ENVIRONMENTAL ASSURANCE FUND COMMISSION, CALL 1-800-928-7782 OR 502-564-5981.)**

## 16. Method of Installation Certification:

This section is to be completed for each tank installed AFTER 12/22/88 at this location.

Installer Certification Information-THIS SECTION IS TO BE COMPLETED BY THE INSTALLER FOR NEW LOCATIONS.

**(ANY QUESTIONS CONCERNING INSTALLATION PLANS OR CERTIFIED CONTRACTORS, MUST BE DIRECTED TO THE STATE FIRE MARSHAL'S OFFICE, HAZARDOUS MATERIALS SECTION AT 502-564-3626.)**

## OWNER CERTIFICATION

READ CAREFULLY, SIGN, DATE AND HAVE NOTARIZED. **This portion must be signed by the current owner of the facility.** ALL REGISTRATIONS MUST INCLUDE THIS NOTARIZED CERTIFICATION TO BE COMPLETE. Copied or stamped signatures are not acceptable.

## NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEM

**FOR  
TANKS  
IN KY**

**Return Completed Form To:  
Division of Waste Management  
Underground Storage Tank Branch  
14 Reilly Road  
Frankfort, KY 40601-1190  
502-564-6716 OR 800-928-4273**

**STATE USE ONLY**

Please type or print all items except signature. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the reverse side and staple continuation sheets to this form.

(Indicate number of continuation sheets \_\_\_\_)

### OWNERSHIP OF TANK SYSTEM

### LOCATION OF TANK SYSTEM

OWNER NAME

FACILITY ID NUMBER (UNLESS NEW LOCATION)

MAILING ADDRESS

FACILITY NAME OR COMPANY SITE IDENTIFIER

CITY STATE ZIP CODE

STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD

CONTACT PERSON

CITY STATE ZIP CODE

AREA CODE/TELEPHONE NUMBER

COUNTY

### TYPE OF FACILITY (MARK ALL THAT APPLY)

- |   |   |  |  |   |   |
|---|---|--|--|---|---|
| <input type="checkbox"/> AIRPORT                    | <input type="checkbox"/> BULK PLANT     | <input type="checkbox"/> CONVENIENCE STORE | <input type="checkbox"/> FARM/NURSERY          | <input type="checkbox"/> FEDERAL GOVERNMENT   | <input type="checkbox"/> GAS STATION    |
| <input type="checkbox"/> INDUSTRY/FACILITY          | <input type="checkbox"/> JOBBER         | <input type="checkbox"/> LOCAL GOVERNMENT  | <input type="checkbox"/> LOCAL SCHOOL DISTRICT | <input type="checkbox"/> MARINA               | <input type="checkbox"/> MEDICAL/HEALTH |
| <input type="checkbox"/> PRIVATE RESIDENCE          | <input type="checkbox"/> QUICK LUBE     | <input type="checkbox"/> RAILROAD          | <input type="checkbox"/> STATE GOVERNMENT      | <input type="checkbox"/> TRUCKING/TRANSPORT   | <input type="checkbox"/> TRUCKSTOP      |
| <input type="checkbox"/> UTILITIES                  | <input type="checkbox"/> VEHICLE DEALER | <input type="checkbox"/> VEHICLE LEASING   | <input type="checkbox"/> VEHICLE REPAIR/TIRES  | <input type="checkbox"/> OTHER SMALL BUSINESS |   |
| <input type="checkbox"/> OTHER-PLEASE SPECIFY _____ |   |  |  |   |   |

### OPERATOR OF TANK SYSTEM

### PREVIOUS TANK SYSTEM OWNER

OPERATOR NAME (CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY)

INDIVIDUAL OR COMPANY NAME

MAILING ADDRESS

MAILING ADDRESS

CITY STATE ZIP CODE

CITY STATE ZIP CODE

CONTACT PERSON AREA CODE/TELEPHONE NUMBER

PREVIOUS NAME OF LOCATION

### CONTACT PERSON AT TANK LOCATION

NAME (IF OPERATOR, MARK BOX HERE ☐)

JOB TITLE

AREA CODE/TELEPHONE NUMBER

# NOTIFICATION FORM, PAGE TWO

DEP 5024/07/95

SITE ID # \_\_\_\_\_ LOCATION NAME \_\_\_\_\_

## TYPE OF NOTIFICATION

☐ NEW NOTIFICATION    ☐ AMENDED    ☐ OWNERSHIP    ☐ TECHNICAL UPDATE    ☐ FINANCIAL RESPONSIBILITY

## DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM (COMPLETE FOR EACH TANK SYSTEM AT THIS LOCATION)

Tank I.D. No. (e.g.123) or Arbitrarily Assigned Sequential No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
<b>1. Tank Status (MARK ONE X PER TANK)</b>  <div>Currently in Use (TAC) <input type="checkbox"/></div> <div>Temporarily Out of Use (TTC) <input type="checkbox"/></div> <div>IF TEMP.OUT OF USE: Estimated date (m/y) last used _____</div> <div>Estimated Quantity of substance remaining(gallons) _____</div>					
<b>2. Tank History (MARK ALL THAT APPLY)</b>  <div>Date installed (m/d/y) _____</div> <div>Tank relined date (m/d/y) _____</div> <div>Date tank was bought by this owner (m/d/y) _____</div> <div>Date tank last contained product (m/d/y) _____</div> <div>Date tank was removed from the ground (m/d/y) _____</div> <div>Date tank was closed in place/filled with inert material (m/d/y) _____</div> <div>Identify inert material (e.g., sand, concrete) _____</div>					
<b>3. Estimated Total Capacity (Gallons)</b>  <div>Multi Compartment Tank?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</div>					
<b>4. Substance Currently or Last Stored In Greatest Quantity by Volume (MARK APPROPRIATE BOX)</b>  <div><b>a. Empty (EMP)</b> <input type="checkbox"/></div> <div><b>b. Unknown (UNK)</b> <input type="checkbox"/></div> <div><b>c. Petroleum</b></div> <div>    Diesel (DSL) <input type="checkbox"/></div> <div>    Kerosene (KER) <input type="checkbox"/></div> <div>    Gasoline (including alcohol blends) (GAS) <input type="checkbox"/></div> <div>    New Oil (NOL) <input type="checkbox"/></div> <div>    Used Oil (UOL) <input type="checkbox"/></div> <div>    Heating Oil/Fuel Oil (see instructions) (FOL) <input type="checkbox"/></div> <div>    Jet Fuel (JET) <input type="checkbox"/></div> <div>    Other, please specify (OTS) _____</div> <div><b>d. Hazardous Substance (HAZ)</b> <input type="checkbox"/></div> <div>Indicate name or principal CERCLA Substance OR</div> <div>Chemical Abstract Service (CAS) Number _____</div> <div>Mark box X if tank stores a mixture of hazardous substances <input type="checkbox"/></div>					

# NOTIFICATION FORM, PAGE THREE

DEP 5024/07/95

**SITE ID #** \_\_\_\_\_

**LOCATION NAME** \_\_\_\_\_

Tank I.D. No. (e.g. 123) or Arbitrarily Assigned Sequential Number	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
<b>5. Material of Tank Construction</b> (MARK APPROPRIATE BOX) Steel (SST) <input type="checkbox"/> Double Wall Steel (DST) <input type="checkbox"/> Fiberglass Reinforced Plastic (FRP) <input type="checkbox"/> Double Wall Fiberglass (DWF) <input type="checkbox"/> Steel Interior lined with Fiberglass (SIF) <input type="checkbox"/> Unknown (UNK) <input type="checkbox"/> Other, please specify (OTH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. External Corrosion Protection for Tank</b> (MARK APPROPRIATE BOX) Coating & Cathodic Protection (CCP) <input type="checkbox"/> Dielectric Coated (DIE) <input type="checkbox"/> Double Wall Fiberglass (DWF) <input type="checkbox"/> Fiberglass Reinforced Plastic (FRP) <input type="checkbox"/> Field-Installed Cathodic Protection (FCP) <input type="checkbox"/> Impressed Current Cathodic Protection (ICP) <input type="checkbox"/> None (NON) <input type="checkbox"/> Unknown (UNK) <input type="checkbox"/> Other, please specify (OTH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Method of Release Detection for Tank</b> (MARK APPROPRIATE BOX) Automatic Tank Guaging (ATG) <input type="checkbox"/> Ground Water Monitoring (GWM) <input type="checkbox"/> Interstitial Monitoring W/Secondary Containment (IMC) <input type="checkbox"/> Interstitial Monitoring Within a Secondary Barrier (IMB) <input type="checkbox"/> Exempt from Leak Detection (LDX) <input type="checkbox"/> Manual Tank Guaging (only tanks 2,000 gallons or less) (MTG) <input type="checkbox"/> None (NON) <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Daily Inventory Records W/Tank Tightness Test (TTT) <input type="checkbox"/> Vapor Monitoring (VMN) <input type="checkbox"/> Other, please specify (OTH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Internal Protection for Tank</b> (MARK APPROPRIATE BOX) Fiberglass/Double Wall (FDP) <input type="checkbox"/> Interior Lining (e.g. epoxy lining) (ILP) <input type="checkbox"/> None (NON) <input type="checkbox"/> Unknown (UNK) <input type="checkbox"/> Other, please specify (OTH) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Spill Prevention Equipment</b> (MARK APPROPRIATE BOX) Catchment Basin (CCB) <input type="checkbox"/> None (NON) <input type="checkbox"/> Exempt from Spill Prevention (SPX) <input type="checkbox"/> Unknown (UNK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Overfill Prevention Equipment</b> (MARK APPROPRIATE BOX) Automatic Shutoff Device @ 95% Full (ASD) <input type="checkbox"/> Flow Restrictor at 90% Full (e.g. Ball Float Valve) (FLR) <input type="checkbox"/> High Level Alarm at 90% Full (HLA) <input type="checkbox"/> None (NON) <input type="checkbox"/> Unknown (UNK) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# NOTIFICATION FORM, PAGE FOUR

DEP 5024/07/95

**SITE ID #** \_\_\_\_\_ **LOCATION NAME** \_\_\_\_\_

Tank I.D.No. (e.g. 123) or Arbitrarily Assigned Sequential No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
<b>11. Material of Piping Construction</b> (MARK APPROPRIATE BOX)  <div style="display: flex; justify-content: space-between;"> <div>             Double Wall Steel (DST)              Double Wall Fiberglass (DWF)              Fiberglass Reinforced Plastic (FRP)              Flexible Wall (FLX)              Steel (SST)              Unknown (UNK)              Other, please specify (OTH)           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> </div>					
<b>12. External Corrosion Protection for Piping</b> (MARK APPROPRIATE BOX)  <div style="display: flex; justify-content: space-between;"> <div>             Coating &amp; Cathodic Protection (CCP)              Coating/Wrapping (CWR)              Double Wall Fiberglass (DWF)              Fiberglass Reinforced Plastic (FRP)              Field-Installed Cathodic Protection (FCP)              Flexible Wall (FLX)              Impressed Current Protection (ICP)              None (NON)              Unknown (UNK)              Other, please specify (OTH)           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> </div>					
<b>13. Type of Piping</b> (MARK APPROPRIATE BOX)  <div style="display: flex; justify-content: space-between;"> <div>             Pressurized (PRP)              Suction (SUC)           </div> <div> <input type="checkbox"/>  <input type="checkbox"/> </div> <div> <input type="checkbox"/>  <input type="checkbox"/> </div> <div> <input type="checkbox"/>  <input type="checkbox"/> </div> <div> <input type="checkbox"/>  <input type="checkbox"/> </div> </div>					
<b>14. Method of Release Detection for Piping</b> (MARK APPROPRIATE BOX)  <div style="display: flex; justify-content: space-between;"> <div>             Automatic Line Leak Detector (ALD)              Annual Line Tightness Testing (ALT)              Check Valve/Beneath Pump (SUCTION ONLY) (CKV)              Electronic Leak Detection (ELD)              Ground Water Monitoring (GWM)              Interstitial Monitoring Within a Secondary Barrier (IMB)              Interstitial Monitoring Within Secondary Containment (IMC)              Exempt from Leak Detection (LDX)              None (NON)              Statistical Inventory Reconciliation (SIR)              Vapor Monitoring (VMN)              Other, please specify (OTH)           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>              _____           </div> </div>					

## FINANCIAL RESPONSIBILITY

15. I have financial responsibility in accordance with 401 KAR 42:090. (PLEASE SPECIFY METHOD: (MARK ALL THAT APPLY X))

☐ Private Insurance Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
☐ Guarantee, Surety Bond, Letter of Credit ☐ Self-Insurance ☐ PSTEAFC: Certificate of Eligibility # \_\_\_\_\_  
☐ Other, please specify: \_\_\_\_\_  
 Level of Responsibility: ☐ \$1,000,000 ☐ \$500,000 ☐ Other, please specify \$ \_\_\_\_\_

**NOTIFICATION FORM, PAGE FIVE****DEP 5024/07/95****SITE ID # \_\_\_\_\_ LOCATION NAME \_\_\_\_\_****CERTIFICATION OF INSTALLATION (Complete for all tank systems installed after 12/22/88 at this location)**

16. All new installation notifications must provide a copy of the plan submittal and plan approval by the Kentucky State Fire Marshal's Office.

**I certify that the underground storage tank system installation has been approved by the Kentucky State Fire Marshal's Office.**INSTALLER \_\_\_\_\_  
(SIGNATURE) (DATE) (SFMO CERTIFICATION #)\_\_\_\_\_  
(TYPE OR PRINT NAME) (POSITION/TITLE)\_\_\_\_\_  
(COMPANY NAME)**OWNER CERTIFICATION**

THE UNDERSIGNED, FIRST BEING DULY SWORN, STATES THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT KRS 224.99-010 PROVIDES FOR PENALTIES FOR SUBMITTING FALSE INFORMATION.

COMPANY NAME: \_\_\_\_\_

NAME OF INDIVIDUAL WHOSE SIGNATURE APPEARS BELOW: \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE\*: If individual signing this other than president or secretary of a corporation, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. (does not apply to a single proprietorship or partnership.)

Subscribed and sworn to before me by \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

Commission State at Large: \_\_\_\_\_ OR County (list county): \_\_\_\_\_

The Natural Resources and Environmental Protection Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability and provides, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities.